



Department of Health and Human Services
 Substance Abuse and Mental Health Services
 41 Anthony Avenue
 11 State House Station
 Augusta, Maine 04333-0011
 Tel.: (207) 287-2595; Fax: (207) 287-4334
 TTY Users: Dial 711 (Maine Relay)

Pursuant to Public Law, Chapter 488, An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program the Commissioner of Health and Human Services has the authority to grant a pharmacy a waiver from the requirement to electronically process opioid prescriptions.

Waivers may be granted based on documentation by a pharmacy that the ability to process an electronic prescription is unduly burdened by: technological limitations that are not reasonably within the control of the pharmacy; or other exceptional circumstances demonstrated by the pharmacy. Detailed evidence of, technological limitations and other exceptional circumstances must be provided, including all steps that are being taken, in the interim, to meet this mandate. A waiver may be granted for a period determined appropriate by the department not to exceed twelve (12) months, although the Department may renew the waiver upon a new demonstration that the pharmacy's ability to issue an electronic prescription is unduly burdened.

PHARMACY REQUEST FOR WAIVER FROM ELECTRONIC PRESCRIBING FOR MAINE PRESCRIPTION MONITORING PROGRAM

| | | |
|--|----------------------|-------------------|
| Please provide the information requested below. (Note: <i>Incomplete submissions will not be processed.</i>) | | |
| Pharmacy Name | DEA Number | ME License Number |
| NCPDP/NABP Number | Contact Person | |
| Contact Email Address | Contact Phone Number | |
| Pharmacy Address | | |
| City | State | Zip Code |
| Waiver Request Information | | |
| Reason: | | |
| <input type="checkbox"/> Technological limitations not reasonably within the control of the pharmacy <input type="checkbox"/> Other exceptional circumstance | | |
| <i>Selection(s) of any or all of the reasons above does not guarantee waiver request approval. Waiver applications are evaluated on their individual merits but will not be processed unless detailed information is provided.</i> | | |

Supporting Documentation *(Applications will not be processed without detailed supporting information.)*

Provide information to support the need for a waiver below. Provide a detailed description of the, technological limitations not reasonably within the control of the pharmacy and other exceptional circumstances that are relevant. Please include current electronic prescribing capabilities, the date when those capabilities are expected to be fully operational, steps that are being taken to meet the e-prescribing mandate and any other pertinent information related to the request. *(Submit separate attachments if necessary)*

I affirm that all the statements herein are true and complete.

Authorized Signature _____ Date: _____

Print Name _____

False statements made herein are punishable pursuant to 17-A M.R.S.A. §453.

Submit Waiver Request

Please email the completed form and supporting documentation to SAMHS.PMP@maine.gov with "Pharmacy Electronic Prescribing Waiver Request" in the subject line. Or, mail to:

**Department of Health and Human Services
Office of Substance Abuse and Mental Health Services
Prescription Monitoring Program
11 State House Station, 41 Anthony Avenue
Augusta, ME 04330-0011**

A pharmacy who has been granted a waiver shall notify the Maine PMP, within five business days, upon gaining the capability to process an electronic prescription. The waiver originally granted shall terminate as determined by Maine PMP.

For questions regarding this process, please call (207) 287-2595 or email SAMHS.PMP@maine.gov

****More information regarding e-prescribing is available on our website: www.maine.gov/pmp**

| -----For Department Use Only----- | | | |
|-----------------------------------|---|-----------------------------|------------------------|
| Date Received: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Deferred | Authorized Signature | Date of Action: |
| Comments/Notes | | | |
| Expiration Date: | | | |

Waivers

State of Maine licensed pharmacies may apply for a waiver from electronically processing opioid medication prescriptions under the following circumstances:

1. Technological limitations not reasonably within the control of the pharmacy
2. Other exceptional circumstances not reasonably within the control of the pharmacy

Process for Submitting a Waiver

1. Waivers must be requested from the Office of Substance Abuse and Mental Health Services (SAMHS) Prescription Monitoring Program (PMP).
2. Waiver applications must include **all** of the following. Incomplete applications will not be processed. (*Incomplete applications will be sent back to the applicant with a letter indicating the reason for deferral.*)
 - a. Reason for request
 - b. Current electronic prescribing capabilities
 - c. Steps that are being taken to meet the e-prescribing mandate
 - d. Date when electronic prescribing capabilities are expected to be fully functional
 - e. Authorized signature
3. Responses to waiver requests will be made no later than sixty (60) days from the date a completed application is received by SAMHS PMP. *You will not be penalized for non-compliance to the e-prescribing requirement of PL 488 if your completed application has been received by SAMHS PMP and remains under review after August 1, 2017.*
4. Applicants will receive a verification certificate upon receipt and approval of waiver applications that should be included with all written opioid prescriptions sent to pharmacies.
5. Waivers may be granted depending on the circumstances for a period determined appropriate by the office not to exceed twelve (12) months.
6. A pharmacy may resubmit a waiver application if e-prescribing capabilities are not achieved within the given timeframe.
7. Complaint will be filed with the Maine Board of Pharmacy for pharmacies not in compliance with the PMP e-prescribing requirements.